KENTUCKY BOARD OF VETERINARY EXAMINERS P.O. Box 1360 Frankfort, Kentucky 40602

Certified Animal Control Agency Annual Renewal Form

KRS 321.207 and 201 KAR 16:015 Section 6 require each certified animal control agency to renew their certification by March 1 of each year. This current certification will expire March 1, 2007. Failure to renew certification shall constitute sufficient cause for termination. Certifications not renewed by May 1, 2007 (completed renewal form and renewal fee received postmarked prior to May 1, includes 60 day grace period) will terminate. You are hereby advised that, should you not renew your certification in a timely manner, you must CEASE AND DESIST operation as a certified animal control agency in Kentucky.

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- Complete this form by filling in the information requested below and on the backside. Incomplete forms will be returned.
- $\hfill \Box$ Attach appropriate renewal fee: Forms received without the correct fee $\underline{\mbox{will be}}$ returned.

All checks must be made payable to the Kentucky State Treasurer.

- ✓ Renewals mailed on or before March 1; (must be postmarked on or before March 1-no exceptions) \$50.00
- ✓ Renewals mailed March 2 through May 1; (must be postmarked on or before May 1-no exceptions) \$60.00
- Return this form and fee to the address listed above on or before March 1. Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.

TO BE COMPLETED BY ALL DESIGNATED ON-SITE MANAGERS (Please Print):

Agency Name:	License N	mber:	
Address:Street or Box Number	City	State	Zip
Name of Designated On-Site Manager of the Shelter			-
Office Phone Number:			
Has the Drug Enforcement Administration (DEA) taken a Yes (Attach documentation) No	any action against your [DEA registration?	

(The Reverse Side of This Form Must be Completed)

Plea	ise m	ark th	e app	propriat	e box:
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- Currently on Active Status. (Renewal fee required)
- □ Requesting Termination. (Renewal fee not required)

I hereby swear or affirm under the penalties of perjury, that the s	tatements made in this application are
true and complete. Signature required for processing. Forms not sig	ned will be returned and subject to late
penalties if not returned by the deadlines stated.	
Signature:	Date:

THIS RENEWAL FORM IS THE ONLY NOTICE YOU WILL RECEIVE CONCERNING RENEWAL

Application Approved by: Application Denied by:		
Resubmitted for review Approved: [Comments:] Denied: [] By:	